U.S. District Court for the Northern District Of Illinois Attorney Appearance Form

Case Title: Allen Spradling v. Surgical Care Affiliates, LLC, et al.		Case Number: 1:21-cv-01324			
An appearance is her Plaintiff Allen Spradlir	reby filed by the unders	igned as at	torney for:		
Attorney name (type	or print): Joseph R. Sav	eri			
Firm: Joseph Saveri	_aw Firm, Inc.				
Street address: 601 (California St, Ste 1000				
City/State/Zip: San F	rancisco, CA 94108				
Bar ID Number: CA 130064 (See item 3 in instructions)		Telephone Number: 415-500-6800			
Email Address: jsave	ri@saverilawfirm.com				
Are you acting as lead counsel in this case?			✓ Yes	No	
Are you acting as local counsel in this case?			Yes	√ No	
Are you a member of the court's trial bar?			Yes	√ No	
If this case reaches trial, will you act as the trial attorney? Yes No				No	
If this is a criminal ca	se, check your status.		Retained Counse Appointed Couns appointed cour Federal Defe	sel nsel, are you nder	
general bar or be granted I declare under penalty of	this Court an attorney must leave to appear <i>pro hac vic</i> perjury that the foregoing is as the same force and effec	e as provided true and com	for by local rules 8 ect. Under 28 U.S.	3.12 through 83.14. C.§1746, this	
Executed on March 1	0, 2021				
Attorney signature:	torney signature: S/ Joseph R. Saveri (Use electronic signature if the appearance form is filed electronically.)				